


DEC 08 2014

 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>				FOR AGENCY USE ONLY 100148	
				Date Received 30-OCT-2014	Repository <input type="checkbox"/> Reference No. 10651423
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	
Name				E-mail Address	
Address				Evening Telephone Number	
City DETOUR	State MI	Zip Code			
<p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number located at bottom of windshield on driver's side 1GCEK39J49Z		Make CHEVROLET	Model SILVERADO	Model Year 2009	
Date Purchased	Dealer's Name and Telephone Number WHEELER MOTORS		Engine: No: Cylinders 8	Fuel Type: GAS	
Original Owner <input type="checkbox"/>	Dealer's City CHEBOYGAN MICH	State MI	Zip Code 49721		
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: /	Incident Date(s) 13-OCT-2014	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 140000 AIR BAGS, 160000 STRUCTURE				Failure Mileage 76600	Failure Speed
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM9ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type:		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
<p>Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).</p>					
<p>TL* THE CONTACT OWNS A 2009 CHEVROLET SILVERADO. THE CONTACT STATED THAT WHILE HAVING THE ANNUAL SERVICE PERFORMED, THE TECHNICIAN NOTIFIED THAT CONTACT THAT THE FRONT BUMPER WAS EXPOSED TO WATER CAUSING A SHORTAGE IN THE SENSOR. THE FAILURE CAUSED THE AIR BAG LIGHT TO ILLUMINATE AND IT WOULD PREVENT THE AIR BAG FROM DEPLOYING DURING A CRASH. THE MANUFACTURER WAS NOT NOTIFIED OF THE ISSUE. THE APPROXIMATE FAILURE MILEAGE WAS 76,600.</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.</p>					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

LEFT FRONT CRASH SENSOR . WATER DAMAGE

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382
Official Business
Penalty for Private Use \$300

TRAVERSE CITY MI 498

28 NOV 2014 PM 12 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

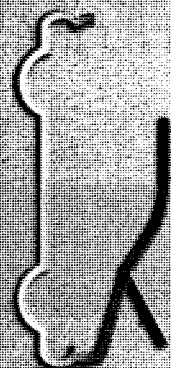
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



**If so:
Use the enclosed
form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



National Highway Traffic Safety Administration
U.S. Department of Transportation
1200 New Jersey Avenue SE
Washington, DC 20077-9382

CUSTOMER #: [REDACTED]

Wheeler Motors

Service Department



11401 N. Straits Hwy
Cheboygan, MI 49721
231-627-7126
Fax: 231-627-5549

INVOICE

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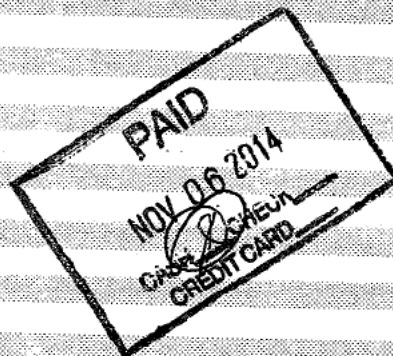
DE TOUR VILLAGE, MI [REDACTED]
HOME: [REDACTED] CONT: N/A
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 951 JOSEPH J DZEDZIE JR

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
GRAYSTONE	09	CHEVROLET SILVERADO	1GCEK39J49Z [REDACTED]	[REDACTED]	76612/76612	[REDACTED]	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
17JUN09 DD			17:30 27OCT14			CASH	06NOV14
R.O. OPENED	READY	OPTIONS: STK: [REDACTED] ENG: 5.3L_V8 TRN: 4SPD_AUTO					
11:09 27OCT14	12:30 06NOV14						
LINE OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL	

A CUSTOMER STATES AIR BAG LIGHT IS ON CHECK AND ADVISE				LIST	NET	TOTAL
N100 ELECTRICAL						
280 PATTON, WILLIAM LIC#: M266639						
CP 1.00					85.01	85.01
1 20926379 SENSOR				175.00	175.00	175.00
76612 PARTS ORDERED NEEDS CRASH SENSOR FRONT LEFT REPLACED FRONT LEFT CRASH SENSOR						

*****THANK YOU FOR YOUR BUSINESS*****
YOU MAY GET A SURVEY FROM GENERAL MOTORS WE APPRECIATE IT IF YOU TAKE THE TIME TO FILL IT OUT
*****COMPLETELY SATISFIED*****



ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE TO THE SERVICING DEALER UPON REQUEST.

certification - All work performed in accordance with manufacturer's specifications.

SIGNED) [REDACTED] DATE) [REDACTED]

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE [REDACTED]

DESCRIPTION	TOTALS
LABOR AMOUNT	85.01
PARTS AMOUNT	175.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	8.50
TOTAL CHARGES	268.51
LESS INSURANCE	0.00
SALES TAX	11.01
PLEASE PAY THIS AMOUNT	279.52